b. CITY of Hostide corporate Unite, write RURAL and erre township STAY (gashe place) TOWN K AN 383 C ct. G. FULL NAME OF CIT of the one hoopigh of natifulion, give stress address or location. G. FULL NAME OF CIT of the one hoopigh of natifulion, give stress address or location. HISTITUTION MICRORY OF A. (First) D. KANDELL AND OF A	•,	THE DIVISION OF HE			14208
1. PLACE OF DEATH 2. COUNTY OF A SAN 3. CHY 3. CHY 4. CHY 5. CHY I floate strongers limits, write RURAL and give 1. CHY I floate Strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I floate strongers limits, write RURAL and give 1. CHY I	THELD APR 25 1050	STANDARD CERTIF	ICATE OF DEATH	State File No	
a. COUNTY JACKSON DO COUNTY JACKSON DECEMBER 1. STATE WO. COUNTY JACKSON ACCOUNTS BURBA, write BURBAL and give township) b. CITY (It distals corporate limits, write BURBAL and give township) c. CITY (It distals corporate limits, write BURBAL and give township) c. CITY (It distals corporate limits, write BURBAL and give township) c. CITY (It distals corporate limits, write BURBAL and give township) c. CITY (It distals corporate limits, write BURBAL and give township) c. CITY (It distals corporate limits, write BURBAL and give township) d. FULL MANE OF (It on its baspid) or institution, give a time of distalling and the property of the prope		REG. DIST. NO	PRIMARY REG. DIST. NO.	002 Registrar's No.	<u> 1888 </u>
b. CITY (If deade occurrent limits, write RURAL and stree consults) ST (Light bases) ORN KANSAS CHY ORN KANS	• COUNTY A			L COUNTY A	المماكن الم
G. STRET O. ADRESS O. ADRESS O. ADRESS O. ATTECT O. ADRESS O	b. CITY (If ritaide corporate limits, write RUI	township) STAY (in this place)	11 AD	~ 4	3 118
3. NAME OF DECEASED (Type or Print) DECEASED (d. FULL NAME OF (If not in hospital or insti	itution, give street address or location)	d. STREET (U re	ral, give location	8
5. SEX 6. CCLOR OR RACE 7. MARRIED, SEVER MARRIED, MONTH 10. MINDOWED (Superly) 1. 1. 1. 1. 1. 1. 1. 1	3. NAME OF B. (First) DECEASED	31,203	C. (Last)	4. DATE (Month)	
10a. USUAL OCCUPATION ((I) washed of work of the control of the co	3 19 119				
DUSTRY Chadren New Many Many	F W	WIDOWED, DIVORCED (Specify)	11-11-1892	last birthday) Months	Days Hours Min.
138. FATHER'S NAME NOTY LUCKMANN COTOLINA SCHUMACHEY Charles R. Hall 15. WAS DECEASED EVER IN U.S. ARRED FORCES? (**) 16. SOCIAL SECURITY NO. Charles R. Hall 17. INFORMANT'S SIGNATURE OR NAME NO N		DUSTRY	. ۱۵۰٫ ۵۰۰	7	COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH I. D. SEASE OR CONDITION MEDICAL CERTIFICATION 19. O.		N 136. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIL	FΕ
18. CAUSE OF DEATH Enter only one occusion per line for (a), (b), and (c) This does not steen the mode of string, such as heart failure, authenia, to. 11 means the discussion from which caused death. The mode of string, such as heart failure, authenia, to. 11 means the discussion from which caused death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 10b. PLACE OF INJURY (a.g., to or about home, farm, factory, street, office bidge, sea.) 10b. MICHAEL ST. Market. 10b. Major Findings of Operation 10c. CARCELON OF REGISTRATS SIGNATURE 10b. Major Findings of Operation 10c. CARCELON OF REGISTRATS SIGNATURE 10c. CARCE	15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes, give war or dates of	RCES? 16. SOCIAL SECURITY	17. INFORMANT'S SI	GNATURE OR NAME	
Enter only one osuspeper line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) "This does not mean the mode of sping, such as heart failure, estherial, etc. It means the discountifailure, on the above cause (a) stating the underlying couse last. DUE TO (b) DESTRUCTION OF BIDE DUCT inst to the above cause (a) stating the underlying couse last. DUE TO (c) PAN CERET'S TIBER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing death. 198. DATE OF OPERA- TION 198. DATE OF OPERA- TION 198. DATE OF OPERA- TION 198. MAIOR FINDINGS OF OPERATION 198. DATE OF OPERA- TION 199. DATE OF	IR CAUSE OF DEATH		10.		I INTERVAL BETWEEN
**This does not seem the mode of dying, such as heart failure, eathering, etc. It means the disc. It means the discase, injury, or complication which caused death. 13a. DATE OF OPERATION 13b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE (Opecity) 21d. ACCIDENT OF OPERATION 21d. ACCIDENT OPERATION 21d. PLACE OF INJURY (see., in or about boths, ene.) 13d. ACCIDENT OF OPERATION 21d. ACCIDENT OPERATION 21d. PLACE OF INJURY (see., in or about boths, ene.) 13d. ACCIDENT OPERATION 21d. ACCIDENT OPERATION 21d. ACCIDENT OPERATION 21d. ACCIDENT OPERATION 21d. PLACE OF INJURY (see., in or about boths, ene.) 21d. TIME (Moseth) (Day) (Tear) (Hoser) OPERATION 21d. ACCIDENT OPERATION 21d. PLACE OF INJURY (see., in or about boths, ene.) 21d. TIME (Moseth) (Day) (Tear) (Hoser) OPERATION 21d. HOW DID INJURY OCCUR? 21d. HOW DID INJURY OCCUR? 22d. Hereby certify that I attended the deceased from 3—20, 19.53 to 4—6, 19.53, that I last saw the deceased alive on 4—6, 19.53, and that death occurred at 10 Am., from the causes and on the date stated above. 22a. SIGNATURE Day Id Waxman (Degree or title) Day Advance Of Certain Operation of the operatio	Enter only one cause per I. DISEASE OR COM	NOITION G TO DEATH*(a)	UNDICE	·	Marths
Conditions contributing to the death but not root related to the disease or condition causing death. 19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. MAJOR FINDING OF OPERATION 19	the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complica-	if any, giving DUE TO (b) 1		Bibe Duc	7
DATE OF OFERAL STON 198. MAJOR PHOTOS OF CERRITOR 198. MA	Conditions contribut	ting to the death but not	ANCreatic CA	ncinomn)	11511
21a. ACCIDENT SUICIDE SUICIDE HOMICIDE 12 Ib. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., see.) 21d. TIME (Month) (Day) (Year) (Hour) 12 Ie. INJURY OCCURRED WHILE NOT WHILE 12 I hereby certify that I attended the deceased from 3-20, 1953 to 4-6, 1953, that I last saw the decease alive on 4-6, 1953, and that death occurred at 10 Am., from the causes and on the date stated above. 22 I hereby certify that I attended the deceased from 3-20, 1953 to 4-6, 1953, that I last saw the decease alive on 4-6, 1953, and that death occurred at 10 Am., from the causes and on the date stated above. 23a. SIGNATURE Day Id Waxman (Degree or title) 24b. BURIAL. CREMA- 24b. DATE 110N, REMOVAL (Booglety) 12c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City, town, or county)	IJ / TION / /	- ~	7	. T	
21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NO	21a. ACCIDENT (Specify) 21 SUICIDE bo	b. PLACE OF INJURY (e.g., in or about			
22. I hereby certify that I attended the deceased from 3-20, 1953, to 4-6, 1953, that I last saw the deceased alive on 4-6, 1953, and that death occurred at 10 Am., from the causes and on the date stated above. 23a. SIGNATURE DAVID WEXMAN (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 4-6-53 24a. BURIAL. CREMA- 12b. DATE 24c. NAME OF CEMETERY OR CREMATORY 25c. LOCATION (City, town, or county) (Sister) 12b. ADDRESS 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-8-53 ADDRESS 4-8-53 ADDRESS 4-6-6, 1953, that I last saw the deceased from 3-20, 1953, to 4-6, 1953, that I last saw the deceased from 4-6-6, 1953, that I last saw the d	21d. TIME (Month) (Day) (Year) (Ho		211. HOW DID INJURY OCCU	R7	<i>*</i> ,
23a. SIGNATURE DAY I WAXMAN (Degree or title) 23b. ADDRESS LAND KOKAMAN (Degree or title) 23b. ADDRESS 24a. BURIAL, CREMA- TION, REMOVAL GREET, 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1 Construct 4 / 6 / 1953 Highland Park Cemetry Kansas City, Warran DATE RECD BY LOCAL REGISTRAR'S SIGNATURE 4 CK 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4 CK	22. I hereby certify that I attended the	e deceased from 3-20			
TION REMOVAL (Booth) 4/6/1953 Highland Park Cemetry Kansas City, Kame City, DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-8-53 Stralding Smith Werne Mortnery KCK			23b. ADDRESS	oract	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4-8-53 Seraldine Smith Werne Mortney KCK				OCATION (Oity, town, or con	inty) (State)
7-0-03 () Material officers	7507750 -04 17 -7	<u> </u>	25 FUNERAL DIRECTOR'S	4	
	7-0-03 cyclas	(Licensed Embalmer's	<u> </u>		·

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Licensed Embalmer No. 2.5

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.